

SECRETARY OF STATE
STATE CAPITOL
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**APPLICATION FOR REINSTATEMENT
OF A DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

Pursuant to SDCL 48-7A-1003, the following Domestic Limited Liability Partnership applies for reinstatement.

1. The name of the Limited Liability Partnership is: _____
2. The date of its revocation: _____
3. State that the ground or grounds for revocation either did not exist, or have been eliminated by filing all required reports and paying all fees: _____

Application must be signed by a partner.

Dated _____

(PARTNER SIGNATURE)

Filing Fee: \$100 for Application for Reinstatement and \$80 for each delinquent Annual Report.

A partnership whose statement of qualification has been revoked may apply to the Secretary of State for reinstatement within two years after the effective date of the revocation.